

15. The Effects upon the Insane of the use of Tobacco, Dr. Cutter.

16. Reading, Recreation and Amusements for the Insane, Dr. Galt.

17. On Water-Closets in the wards and yards of Hospitals for the Insane, Dr. Bell.

18. On the Construction and Arrangement of Institutions for the Insane in southern climates, Dr. Parker.

Resolved, That the members of this association be urgently requested, with the concurrence of the friends of patients, to make post-mortem examinations in all cases of insanity, which may prove fatal while under their care, and to report the result of their observations at the next meeting of the association.

Resolved, That each member of this association be requested to ascertain the facts and circumstances, (such as sex, age, civil state, vocation, mode and other matters susceptible of being tabularized) of each case of suicide, occurring in his respective state, between the first day of January and the last day of December, 1847, and forward an abstract of the same, as soon after the latter date as convenient, to the chairman of the committee on suicide; it being understood that in states having more than one member, they be requested to divide their states by certain territorial limits.

Resolved, That it be recommended to the officers of the different institutions for the insane in this country, to have engraved previous to the next meeting of the association, a view and ground plan of their respective establishments, and of a size that will permit their being bound with their annual reports.

Resolved, That a committee of three be appointed to publish in a collected form, the transactions of the association, or, under certain circumstances, such parts of the same as they may deem expedient.

Resolved, That the essays presented to this association are understood to be the opinions of the chairmen of the different committees by whom they have been reported, and do not necessarily express the sentiments of other members relative to their details.

Resolved, That in case the committee do not publish any of the essays, their writers then have the privilege of publishing them in a separate form, should they deem it expedient to do so.

Resolved, That the secretary be directed to publish an abstract of the proceedings of the association in the American Journal of Insanity, the American Journal of the Medical Sciences, and the New York Journal of Medicine.

The association continued its sessions till the evening of the 14th of May, and adjourned to meet in the city of New York, on the second Monday of May, 1848, at 10 o'clock, A. M.

By order of the Association.

THOMAS S. KIRKBRIDE, *Secretary*.

DOMESTIC SUMMARY.

Case of Melanosis.—In our foreign summary (p. 252,) will be found an account of two cases of melanosis of the eye, with some interesting remarks by Wm. Lawrence, Esq. In connection with this subject the following case of the same disease recorded by Dr. HENRY W. DESAUSSURE in the *Southern Journ. of Med. and Pharm.*, (March, 1846,) will be read with interest.

D. M., an Irishman of fine muscular figure, dark hair, complexion, and eyes, was a frequent inmate of the Poor House Hospital, of Charleston, between the

years 1832 and '38. He always entered the hospital to be treated for affections, incident to the loose, disorderly and intemperate life which he led. In November, 1842, he was again admitted, labouring under a mild form of conjunctivitis. He had now, however, lost much of his fine muscular figure, was somewhat emaciated; he stated his general health to be good, and only complained of the affection of the eye, for which he had entered the hospital. Upon examining the left eye, besides the symptoms of a mild form of conjunctivitis, there was seen a small round black tumour, about the size of a hazelnut, seated upon the external side of the globe of the eye, about four lines posterior to the junction of the cornea with the sclerotica, resembling very much an ebony ball cut in half, with the cut surface applied to the eyeball. The cornea was perfectly transparent, and the aqueous humour clear, but the crystalline lens had a dark hue, as if some dark fluid had been equally and uniformly diffused through it; vision was almost destroyed in that eye, the patient being but barely able to distinguish light from darkness. How long the tumour had existed could not be ascertained, as the patient was entirely unaware of its existence, and believed the sight of that eye as good as the other, until convinced of the contrary by actual experiment. The ophthalmia was of four or five weeks' existence. Under a mild antiphlogistic treatment, the inflammation was relieved, and he left the hospital in December.

In August, 1843, eight months after, he was again brought to the hospital. He was now very much emaciated, his countenance expressive of much suffering, and of that peculiar earthy cadaverous hue, indicative of great structural disease. He stated that about six weeks before, feeling some weight and pain in the right hypochondrium, he had examined the part, and felt a large hard body there. From this period, the pain gradually increased in severity; he lost his appetite and strength, and vomited frequently, after taking food. Upon examining the abdomen, the liver was found much enlarged, extending to within two inches of the crest of the ilium; it was hard and knotty to the touch, and he complained of severe pain in that region; the stomach could not retain more than $\frac{3}{4}$ ii of food taken at a time; there was scarcely any appetite. The tumour of the eye had increased in size, but had become flattened by the pressure of the orbit. The patient now began to emaciate rapidly, the pain in the right hypochondrium was relieved by an anodyne, and never returned; the quantity of food retained by the stomach became gradually less, until in the last few days he could not retain more than one or two drachms of anything. In the fortnight which preceded his death, he occasionally vomited a small quantity of dark brown mucus. He died five weeks after his admission, in the last stage of marasmus, having suffered no pain after the relief given by the anodyne; without hectic, diarrhœa, or night sweats.

Autopsy fourteen hours after death. Upon cutting through the abdominal walls, an extensive layer of black matter was found deposited between the peritoneum and the abdominal muscles. This layer extended in a continuous sheet, from one iliac crest to the other, and from on a level with the umbilicus downwards to the pubis and thence deeply into the pelvis; it was three or four lines in thickness, of tolerable consistence, and presented, when cut into, a striated appearance, the striæ, consisting of fine whitish lines, running in various directions. In the midst of this layer were some masses of rather greater thickness than the rest, and apparently separated by a distinct cyst, formed by condensation of the cellular tissue. The peritoneum could be removed by careful dissection, and then was transparent, presenting no traces of melanotic infiltration. The thin fluid which exuded by pressure from this layer of black matter stained the fingers of a dark brown hue. The abdominal muscles presented no traces of melanosis, and the whole layer was deposited in the cellular tissue, lying between the peritoneum and muscles of the abdomen and pelvis. The omentum, and the surface of the intestines, were studded with innumerable quantities of black tumours, varying in size from that of a pea, to a hazelnut. Upon examination these tumours were found to be seated between the layers of the peritoneum, forming the omentum, and between the peritoneum and the muscular coat of the intestines; they were contained in thin cysts, formed apparently of condensed cellular tissue; they were of the consistence of animal jelly, and easily mashed by the fingers, which were tinged of a dark hue. The striated appearance visible in the layer lining the abdominal walls, was much less visible in these;—in the hardest it could be traced, but not

at all in the softest. The peritoneum covering these bodies was uniformly transparent when removed, and there were no traces of either recent or ancient peritonitis. The folds of the mesentery likewise contained a large number of black tumours, exactly similar in appearance and consistence to those last described. The mesenteric glands were somewhat enlarged and of a dark hue, but were not indurated when incised and pressed,—the thin dark coloured fluid which escaped did not tinge the fingers as the other tumours did. The kidneys were healthy, presenting no appearances of melanosis. The spleen enlarged. The liver was very much enlarged, extending downwards nearly to the iliac crest, and almost reaching the median line forwards—it was of a mottled black hue, and bosselated appearance. When removed from the body it weighed 10lbs. The natural structure of the liver was scarcely any where visible—here and there might be seen small islands, as it were, of a glandular structure, but the chief mass of the organ was made up of black and white tumours, varying in size from a walnut to a hen's egg. The black tumours were the largest and most numerous, but least consistent, each inclosed in a thin cyst; when incised they offered a striated appearance similar to that mentioned in describing the masses found beneath the abdominal muscles; they were of considerable consistence, creaking under the scalpel, and the thin serous fluid which exuded from their incision was quite black, staining linen and the fingers of the same hue. The whitish tumours were harder, less numerous, and of rather less size; cutting like cartilage, their cut surfaces presented the appearance of septa dividing each tumour into one or more lobules. In some of these white masses the colour approached to gray, but in none were there any black spots or lines, and the thin fluid which exuded was nearly colourless. The gall bladder was small and contained about $\frac{3}{4}$ of a very dark ropy fluid; a piece of linen dipped into it was stained dark green, with a very slight tinge of yellow.

The stomach was contracted, its mucous membrane of a dull gray colour, thickened and softened; there were no traces of melanotic deposit upon or beneath the mucous membrane of either the stomach or intestines.

The heart was hypertrophied, but no melanosis was found in or upon it.

Both lungs were adherent to the costal pleura by old adhesions. The lungs themselves were healthy in structure, except that in the upper part of the superior lobe of the left lung there was a melanotic tumour about the size of a hickory nut, completely enclosed in a cyst, the surrounding pulmonary tissue being quite healthy. This tumour, when incised, presented the same striated appearance as those of the liver.

The brain and its membranes offered no morbid appearances of any kind. Immediately above the left supra-orbital ridge of the frontal bone, and about the external termination of the superciliary ridge a mass of melanosis was found occupying the space between the dura mater, to which it was attached, and the skin, the intervening tissues, including the bone, having been removed by absorption. The internal surface of the dura mater, at the points where the tumour was attached, was smooth and unaltered, while externally several vessels of considerable size were seen making their way down to the tumour. The opening in the frontal bone was sufficiently large to admit the little finger: the tumour was covered by a cyst, and was unattached, except to the dura mater, from which it seemed to have sprung. It was very soft, being easily crushed by the fingers; no striæ or septa were visible. Upon carefully removing the left eyeball, upon which the tumour had been observed during life, it was seen that this tumour, about ten lines long by six broad, was divided by a deep depression into two nearly equal parts. Upon incising the anterior portion it was found to be covered by a thin black membrane, to which it adhered but very slightly, exactly similar in structure to the choroid coat. This membrane, after very careful dissection, was found to be the choroid coat itself, which had been pushed outwards by the gradual increase of the tumour, and had thus formed a hernia through the sclerotica—this latter having been destroyed at this point by ulceration. The tumour itself was inclosed in a cyst, and, lying immediately behind the iris, it had no intimate connections with any of the surrounding parts; was of moderate consistence, and when cut into presented a striated appearance. The posterior part of the tumour was lying upon the sclerotica immediately behind the opening, through which the anterior pro-

truded, and was firmly adherent to this membrane, the two portions being separated by a dense septum. The crystalline lens and vitreous humour were perfect and unaltered in structure, but were tinged throughout of a dark hue, looking as if slightly smoked; the colour could not be removed by washing. The muscles of the eyeball were not implicated in the disease.

Trismus Nascentium.—Dr. V. N. WOOTEN of Lowndesboro', Ala., in a letter to the editors of the *New Orleans Med. and Surg. Journ.*, (No. May, 1846,) states that trismus nascentium is of fearful frequency in the cotton plantations of his section of Alabama. "I am not prepared," he remarks, "to compare it with other maladies in respect to frequency, but I believe that it destroys more negroes than any other single disease, in this region of country. In a practice of ten years amongst these plantations, I have seen a great many cases. Sometimes, I have found it of such frequent occurrence, as to present the appearance of an epidemic. Yet I have never seen a white child afflicted with the disease." Is this the case in New Orleans?

"Again: I have never seen a case of *decided* trismus nascentium, that did not prove fatal. Indeed, so well is this characteristic of the disease now known, that it is very generally deemed utterly useless to call in medical aid, after the initiatory symptoms are well developed.

"I have tried every plan of treatment which books, or the most anxious study on my part could suggest, but all wholly in vain.

"I have made post-mortem examinations in several cases, and found the pathological appearances as uniform as in any other disease. They are as follows:—Heavy vascular engorgement of the peritoneum throughout its whole extent, denoting the highest inflammation. All the portion surrounding the entrance of the umbilical cord into the abdomen, for a circumference of from one to three inches, was in a gangrenous condition. The liver was unnaturally heavy and stiff, with its veins fully injected with fluid blood. There was also heavy engorgement of the substance and membranes of the base of the brain, and along the medulla oblongata, and cervical portion of the spinal marrow.

"I have usually observed the first symptoms to make their appearance about the time the umbilical cord comes away, and from this I at first supposed that it was the effect of awkwardness in dressing the navel by the ignorant midwives who usually attend on the plantations, but careful investigation led to nothing conclusive on this point.

Extra-Uterine Fœtation—Gastrotomy—cure.—Dr. ALEX. H. STEVENS relates in the *New York Journal of Medicine*, (May, 1846,) a case of extra-uterine fœtation, in which a full-grown fœtus was successfully extracted by him, about ten years after conception, by the operation of gastrotomy.

Tincture of Water Pepper in Amenorrhœa.—Dr. EBERLE states that he has found no remedy so effectual in the cure of amenorrhœa as the tincture of water pepper, (*Polygonum Hydropiperoides*, Mich.; *P. Punctatum*, Elliott.)

Dr. T. L. OGIER, in a paper in the *Southern Journal of Med. and Pharm.*, May, 1846, also extols it as the most certain of our emmenagogues, and relates four cases successfully treated by it. He says that he knows of no medicine that has a more decided action on the uterus in producing the menstrual discharge. The preparation used by Dr. O. was a strong tincture made from the stem, leaves, and flowers; but he thinks that the active principle of the plant resides chiefly in the leaves. The dose was a teaspoonful of the tincture, three times a day in a little sweetened water.

Medical Schools of the United States.—From the Catalogues of these Institutions, which we have received, it appears that during the past year the number of students was nearly 5000, and that the degree of M. D. has been conferred upon 1300.